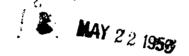
Alm nca		THE DIVISION OF H			76010	
FLED D EC	16 1350	STANDARD CERTIF	FICATE OF DEA	State File No	GOULU	
BIRTH NO		REG. DIST. NO. 336	PRIMARY REG. DIST.	NO Registrar's No.	99	
I. PLACE OF DEA	гн				stitution: residence before	
a. COUNTY	Shannon		a. STATE Mo.	b. COUNTY Sh	nannon admission).	
b. CITY (If outside corr	orate limits, write RI		c. CITY (If outside corr	orate limits, write BURAL and give tow	nehip)	
TOWN Emi	nence	township) STAY (In this place)	OR TOWN ET	minence	d	
d. FULL NAME OF (1) HOSPITAL OR INSTITUTION	not in hospital or im	stitution, give street address or location)	d. STREET ADDRESS	(If rural, give location)		
3. NAME OF DECEASED	. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)	
(Type or Print)	Danny	Dean	Nichols	Dec Dec	1-50	
5. SEX 6. C	OLOR OR RACE	7. MARRIED, NEVER MARRIED,	8. DATE OF BIRTH	9, AGE (In years of those		
M O	W	WIDOWED DIVORCED (Specify)	Jan 19-193	3 18 17 10		
0a. USUAL OCCUPATION	(Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT	
Office Cl	erk	DUSTRY	Eminence, 1	Mo. 0	COLINTRY	
3a. FATHER'S NAME		136. MOTHER'S MAIDE	NAME	14. NAME OF HUSBAND OR WIT	E	
C J Nichob	8	Birdie Str	ain	none		
5. WAS DECEASED EVER Yee, no. or unknown) (If y			17. INFORMANT'	SIGNATURE OR NAME	ADDRESS	
no	4 , 2,116 4 1 1 1 1 1 1 1 1		Mrs C J N:	<u>ichols Eminence</u>	e, Mo.	
18. CAUSE OF DEATH			CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD!!	NG TO DEATH (a) BRAIN	HEMORI	RHAGE	IMINUTE	
	ANTECEDENT CAL	ISFS	~			
*This does not mean the mode of dying, such	Morbid conditions	if any, giving DUE TO (b) TE	MPORAL B	ONE FRACTURE	2 MINOTES	
u heart fallure, asthenia,	rise to the above can the underlying caus	mon (a) economic	• •	***	7	
etc. It means the dis- ease, injury, or complica-		DUE TO (c)		·	69108	
tion which caused death. II. OTHER SIGNIFICANT CONDITIONS				1/2		
	related to the disease	ting to the death but not e or condition causing death.			1.77	
19a. DATE OF OPERA-	19b. MAJOR FIND	INGS OF OPERATION			20. AUTOPŚY?	
	*				YES NO .	
21a. ACCIDENT (I		1b. PLACE OF INJURY (e.g., in or about ome, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR 1	TOWNSHIP) (COUNTY)	(STATE)/UI	
HOMICIDE ACC	PENT "	Moops	EMINENCE	21011111		
21d. TIME (Month)	(Day) (Year) (B	Iour) 21e. INJURY OCCURRED	211. HOW DID INJURY			
INJURY DEC	_ 1 1950 ³	WHILE AT NOT WHILE WORK	FALLING L	WHILE W	ORKING	
2. I hereby certify th	at I attended th	e deceased from			st saw the deceased	
alive on	, 19 <u>_</u> 54	2, and that death occurred at	3:30p m., from th	e causes and on the date state	d above.	
34. SIGNATURE		Q(Degree or title)	23b. ADDRESS		23c. DATE SIGNED	
	emante	Je proves	Emis	rence	12350	
24a. BURIAL CREMA- TION REMOVAL (Balls)	246. DATE	240. NAME OF CEMETE	RY OR CREMATORY 2	24d. LOCATION (Oity, town, or com	ty) (State)	
Burial V	Dec 4-	1950 New	, , ,	Eminence, Mo.	4 × 5	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25, FUNERAL DIRECT		DDRESS	
12-11-53 REG.	Mera	e Processio	Duncan Fune	eral Home Mtn V:	lew, Mo	
(Licensed Embalmer's Statement on Reverse Side)						

RECEIVED

DEC 13 1950

DISTRICT HEALTH OFFICE No. 6



STATEMENT BY LICENSED EMBALMER

		•		
I hereby certify that the body	whose name is recorded on the re	everse side of this ce	rtificate was embalme	d by me, or by
				- 0,, 0. 0,
	•			

working under my personal supervision.

werning and any personal supplication.

Signed and T

Licensed Embalmer No. 4325

P. O. Address P.

the above constitutes grounds for revocation of license.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.